

Combining Narrative and Sequential Art Making to Improve Affect

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Master of Arts in Art Therapy and Counseling (MAATC)

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Institutional Review Board (IRB)
Albertus Magnus College

DATE: 3/15/22

ID #: 20220315 - AC

Dear Andrew,

This letter serves as an official approval by the Albertus Magnus College IRB for you to conduct the study on “sequential art making and its impact on affect” as described in the IRB application submitted on 3/14/22. Please ensure that the confidentiality of your research participants is properly protected and that you remain within the boundaries you stated in the IRB application. If those boundaries change in relation to the study participants, please notify the IRB as an amendment may be necessary.

Your study is authorized to begin as of the date of this approval letter and is valid for one year, ending on March 15th, 2023.

If you have any questions, please contact Dr. Joshua Abreu, the IRB Administrator, by e-mail at jabreu1@albertus.edu.

Sincerely,

Joshua Abreu, Ph.D.
IRB Administrator

Acknowledgements

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Abstract

The purpose of the present study was to test the effectiveness of sequential art making with a narrative on improving an individual's positive affect or mood. Thirty-one ($N = 31$) participants, ages 19-62, were recruited from the New England area. Participants were split into one of two conditions: creating a single image with a narrative or creating three sequential images with a narrative. It was hypothesized that individuals who engaged in sequential art making and assigning a narrative to their work would experience a greater increase in positive affect as well as a greater decrease in negative affect than those who created a single image with a narrative. The Positive and Negative Affect Schedule (PANAS) and Self-Assessment Manikin (SAM) were used to measure changes in mood. Despite having three significant overall effects, findings did not support that individuals who engaged in sequential art making and an assigned narrative experienced greater increases in positive affect (or decrease in negative affect) compared to those who created a single image with a narrative.

Combining Narrative and Sequential Art Making to Improve Affect

Narrative therapy has been examined in relation to psychological health and well-being. Its basic premise is that by helping individuals identify and modify a dominant narrative in their lives, they can then improve affect (White & Epston, 1990). Over the course of an individual's lifetime, they may internalize many different narratives or stories about their experiences and why they happened. These narratives may end up dominating an individual's thoughts, turning them into stories that can become prominent in the psyche and can be perceived as an unchangeable truth about one's self or experiences. Carlson (1997) suggested that by internalizing these dominant stories, people then begin to believe that problems reside within themselves, and external stimuli are negated or minimized. Further, individuals tend to express their personal stories based on numerous factors such as their mental health, social status, personality and cultural differences, relationship satisfaction, level of comfort with a listener, and age (Robertson & Hopko, 2013).

It has been suggested that understanding differences in the story-telling process is important. Robertson and Swickert (2018) theorized that these stories can provide a window into the inner world of the psychological self. However, it may be difficult to identify life events as stories that can be told (Harber, 2011). Encouraging a narrative approach to therapy suggests that individuals can relive their experiences as stories that are separate from their present selves. This may minimize discomfort and relieve stress (White & Epston, 1990). In turn, successful coping with stress may decrease susceptibility to memory impairment (Robertson & Swickert, 2018) as well as improve emotional regulation.

One form of narrative therapy known as Narrative Exposure Therapy (NET) has been manualized as a short-term, culturally-responsive therapy. Originally designed as an intervention

program for the treatment of post-traumatic stress disorder (PTSD), a patient establishes a chronological narrative of traumatic experiences while incorporating some positive events (American Psychological Association, 2022; Peltonen & Kangaslampi, 2019). This involves helping clients reorganize their autobiographical memories through therapist-guided exercises (Cooper et al., 2019). Therapists trained in NET guide individuals to construct a consistent autobiographical narration. Like the tenets of narrative therapy, individuals can deconstruct a negative experience to change their perception and meaning-making related to a traumatic experience (Cooper et al., 2019). Emphasis is placed on imaginal exposure, which is the act of imagining the feared object, situation or activity, as individuals are asked to recall sensory experiences to revisit past events (Kaltenbach et al., 2020).

Exposure to past adversity and trauma can be healing in a safe setting. Peltonen & Kangaslampi (2019) evaluated the effectiveness of NET in treating PTSD in child refugees. Therapists were responsible for administering multiple self-report questionnaires, such as the Subjective Units of Distress Scale (SUDS) and checklists to measure traumatic experiences, to the NET group and Treatment-As-Usual (TaU) group. Participants were screened for eligibility prior to being randomly assigned to either NET or TaU. Therapists in the NET group received intensive training on how to employ NET while therapists in the TaU group were advised to use whichever practices that were comfortable to them. Theories such as Cognitive Behavioral Therapy (CBT) or Trauma Focused Cognitive Behavioral Therapy (TF-CBT) constituted the bulk of TaU. During treatment, several questionnaires were used to measure depression, resilience, and psychological distress. Questionnaires used included the Depression Self-Rating Scale for Children (DSRS), the Child and Youth Resilience Measure (CRYM), and the Strengths and Difficulties Questionnaire (SDQ). Participants were evaluated three months prior to the

intervention and again three months after the intervention had concluded. They found that there was a significant decrease in symptoms in the NET group compared to the TaU group. Narrative Exposure Therapy was shown to decrease PTSD symptoms as well as intrusion symptoms.

Kaltenbach et al. (2020) also addressed the use of NET, positing that it would lead to clinically and behaviorally relevant reductions in PTSD symptoms. Over the course of a three-year study, participants who received NET were given structured clinical interviews both three and six months after treatment concluded. During treatment, participants completed a pre- and post-test each session as well as three and six months after the end of their treatment. Refugees who received NET treatment were observed to have a decrease in symptoms such as anxiety and depression by 60% over the course of the study (Kaltenbach et al. 2020). These authors suggested that using NET in treatment allowed participants to create a “lifeline” – a metaphorical representation of their path in life. Additionally, they cited the use of symbolism to identify arousing events with both positive and negative valences, such as flowers (positive) and stones (negative). These flowers and stones serve as markers for arousal peaks across an individual’s lifespan (Elbert et al., 2015) and help to reconstruct the timeline of traumatic events in chronological order.

When developing or exploring a narrative, it is important to identify the difference between expressing how one feels in the moment (venting) and reframing perspective in order to improve mood (Dalebroux et al., 2008). Mood, as defined by a person’s emotional disposition or affect, can be separated into three components: pleasure, arousal, and dominance, as defined by the Pleasure-Arousal-Dominance (PAD) Emotional State Model (Mehrabian, 1996). These components are ever-present and influence the organization of human judgment in a wide range

of perceptual and symbolic stimuli (Bradley & Lang, 1994) such as objects or pictures. An individual's emotional state influences how they receive and perceive information.

Landa et al. (2020) noted that when sharing narrative experiences, therapists may ask clients to identify different mood states. Negative changes in mood can occur due to various factors such as loss, separation, and rumination. They identified that individuals use strategies to regulate mood which can be categorized as either approach- or avoidant-oriented. Approach strategies maximize pleasant experiences while avoidant strategies minimize unpleasant experiences. They determined that avoidance regulation is beneficial in the short-term, but persistent avoidance will lead to adverse outcomes over time. This in turn can cause individuals to ruminate over their negative mood. More research is needed to examine the relationship between self-awareness and mood state.

The use of a non-verbal alternative, such as symbolic imagery, can be explored to elicit change in mood. Art therapy which uses symbolic imagery, is defined by the American Art Therapy Association as:

An integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy allows an individual to express themselves by engaging in a creative process using art materials as a means of nonverbal communication (AATA, 2021).

Art therapy and art making may reduce mood disturbances, psychological distress (Alexander, 2020), and anxiety (Campenni & Hartman, 2020). Engaging in art making allows an individual to express their feelings, which can positively affect emotions (De Petrillo & Winner, 2005).

Drawing may be one of the best approaches to activate the readiness to recall memories and verbalize them in a narrative way (Piróg & Rachwał, 2019). For example, in a study exploring the use of art therapy to improve mood, anxiety, and mindfulness, it was suggested that including a reflective writing activity to apply a narrative to artwork further improved an individual's affect and insight (Campenni & Hartman, 2020). This study had participants create mandalas under one of four conditions. Each condition was a pairing of physical materials (a structured pattern vs. empty circle) and instructions (free-expression vs. directed instruction). Conditions A and B included a mandala with a structured pattern paired with a writing activity that was open to free-expression (A) or a directed instruction (B). Conditions C and D included a blank mandala with the previously mentioned writing directives. Campenni & Hartman (2020) concluded that each condition helped to decrease anxiety and improved affect, but a reflective writing activity should be included in an art therapy setting. Reflective writing allows individuals to review personal experiences which can assist them in attaining a greater understanding and meaning (Clandin et al., 2011; Stilos & Burgoyne, 2021).

Additionally, art making can facilitate a sense of distancing oneself from their emotions by giving a visual representation to an individual's problems. Drawing can establish many opportunities for externalization (Carlson, 1997) which can be used in conjunction with narrative therapy. This type of distancing may provide an opportunity to reflect rather than ruminate, can promote contextualization, and sets the stage for new information to be accepted (Hass-Cohen et al., 2018). Ricks et al. (2014) discussed the use of various narrative techniques in conjunction with expressive arts such as photography, memoirs, journaling, and scripts. The use of photography could provide the opportunity to explore thoughts and feelings of a specific event as a learning opportunity with decreased amounts of anxiety (Ricks et al., 2014). Narrative

combined with art not only provided an opportunity to reflect, but also assisted in developing a new life story (Hass-Cohen et al., 2018; Ricks et al., 2014). Although photography was suggested as one expressive art form, drawing seems to receive the most focus in the literature.

One specific mode of drawing which is narrative in nature is sequential art making. Sequential art is a term used to describe images that are arranged in a specific order with the purpose of telling a story. A sequence of images can be used to generate a visual narrative for viewers to receive information on a variety of topics. Sequential art historically encompasses various forms of artwork ranging from hieroglyphs to comic strips. A non-verbal visual language is developed to convey information in a chronological format using form, line, color, space, composition, movement, and rhythm. The act of art making helps people feel more positive in mood (De Petrillo & Winner, 2005), while using a narrative helps to integrate experiences in a non-threatening manner (Harber, 2011).

While there may not be an immediate effect on arousal when engaging in art making, it has been posited to be effective as a means of repairing negative mood valence (Dalebroux et al., 2008). A study was conducted by the aforementioned researcher to determine if creating art specifically with a positive emotion was effective in improving mood. This was compared to creating artwork for the purpose of venting negative emotions. Participants were asked to make art after first watching a video clip of a television show depicting a rescue of people from a concentration camp in World War II. Participants completed a self-report assessment to determine current feelings prior to engaging in one of the conditions. In the first condition, participants created an image based on their reaction to the video to test venting. The positive emotion condition had participants create an image that depicted happiness. A control group included a non-narrative worksheet for matching symbols. The researchers concluded that

creating art paired with a positive emotion was observed to have improved negative valence by allowing individuals to remove themselves from the here and now. Creating artwork with a positive emotion in mind showed a significant improvement in valence scores when compared to the control group and venting conditions). The artwork offered an escape to a fantasized situation. This form of mood repair was highly effective in a short-term timeframe allowing participants to reframe unpleasant situations. Under some circumstances, however, attention to negative feelings can be beneficial (Lischetzke & Eid, 2003).

Dalebroux et al. (2008) determined that simply writing or creating art about one's negative experiences as a means of venting is a less effective means of short-term mood repair versus creating art associated with a positive emotion. Harber (2011) used art therapy to map out a narrative, explore emotions, and improve mood with an adolescent gang member. Art helped the adolescent to see his life as a story allowing for an integration of feelings to take place. It is possible that creating a narrative through writing and artwork can help individuals cohesively integrate their experiences .

Offering an individual the opportunity to draw and reframe a painful memory or experience can result in an immediate decrease of negative affect . For example, an art therapy trauma and resiliency protocol developed by Hass-Cohen et al. (2018) in a pilot study asked participants to revisit their trauma experience in a safe, non-threatening manner. Participants created an image representative of the initial trauma as a self-portrait during the traumatic event which included internal and external resources that helped them cope, and a second self-portrait depicting their current self. The artwork provided an opportunity for self-observation and for re-scripting the trauma narrative, while at the same time it also presented participants with the experience of seeing an updated view of themselves. Combining visual imagery and a linear

story with verbal and non-verbal expressions of emotion can enable individuals to combine their sensations, feelings, and behaviors with conscious awareness (Cozolino, 2017). Using art as a visual language can potentially expand the use of narrative work in therapy.

Pirog and Rachwal (2019) examined the ways that simple or complex drawings can assist in the externalization of negative affect or mood when combined with sequencing. Comics, which utilize a narrative visual format, are one of the most notable forms of sequential art. Reading comic strips to encourage reflection was studied to establish a positive narrative, encourage interest, and stimulate focus in a career-planning workshop for students in Poland. After reading a comic based on identifying how people who are different can utilize their unique skills to work together, students displayed more engagement in career workshops when compared to previous workshops that did not incorporate comics. The researchers concluded that a positive narrative from the comics was effective in facilitating discussion, eliciting narration, and was more successful in activating autobiographical memory than within the groups that did not use comic-based workshops. Creating comics can help individuals to reflect on their community, their personal lives, and their ideas about the world (Kelly, 2010).

In addition, Haag (2018) explored the use of a clinically-modified version of the Draw-a-Story (DAS) assessment (Silver, 2009). An important component to the DAS is the narrative that is applied to the artwork. The assessment is traditionally used to measure aggression (Earwood et al., 2004) and depression in children (Maru, 2006; Silver, 2009). Stories are created by selecting from a series of stimulus drawings and drawing them in relation to one another. However, Haag (2018) modified the DAS by omitting drawings that were rarely chosen and added new expressive images with a greater affective range. Existing drawings were simplified with the removal of facial expressions with emphasis placed on the form of the figures. Additionally,

changes to verbal directions framed the process as a “drawing game” to create an image to tell a story about the loss of a loved one. This modified DAS was used with grieving individuals who reported discovering content and feelings in greater depth, which they were seemingly unaware of, as well as experiencing a satisfying concentration level while completing their drawing.

Kras (2000) tested the use of an unmodified DAS to measure stress in college students. The results showed no correlation between perceived stress and scores on the DAS, and the researcher noted the assessment is more effective with adolescents and children. Conversely, Jue and Ha (2021) determined the DAS can be an effective assessment of stress when evaluating the emotional content of an image. Images created by military personnel through the DAS helped to predict perceived stress, military life adjustment, and resilience. Drawing a story is an example of how a narrative approach to therapy can be strengthened when paired with art.

Art therapy and narrative therapy can be combined to strengthen an individual’s means of expression (Malchiodi, 2012). Communication can be limited due to language barriers making it difficult for an oral or written narrative to be established. Therefore, artistic expression can be used as a visual language within a narrative therapy approach. Kumar (2011) had elementary students make illustrations based on a happy experience that their parent’s recounted from their childhood. Their children then created an illustration based on the story and displayed the work in a school-wide art exhibition. In this way, Kumar explored the use of art as a substitute for verbal expression. Art was used to facilitate a connection between family members who were not native English speakers with those who were native English-speaking. The art and stories provided families with a visual language to make connections with the students serving as translators. This opening in communication helped to increase the engagement of parents in school events.

In addition, a narrative can be applied to artwork to weave a story. Sequential art is inherently narrative with comics specifically defined as images deployed in a sequence to tell a story graphically or to convey information (McCloud, 1993). The main strength of creating comics with clients is that it fosters the externalization process (McCreight, 2018). Potential techniques that can be utilized in a therapeutic setting include comics, graphic novels, storyboarding, and painting diptychs or triptychs.

Currently, there is limited research on the effectiveness of sequential art in a therapeutic setting. However, Castle (2010) explored the use of sequential art in an art therapy setting. It was speculated that comics could be an effective means of communication and expression due to their unique combination of words, art, symbols, and cartoon imagery. Using qualitative analysis on the data collected, four themes were identified: (1) Sequential Art can be projective, (2) Sequential Art can be narrative, (3) Sequential Art is rarely used as a therapeutic tool, and (4) Sequential Art has potential for use as an effective therapeutic tool. Mulholland (2004) suggested that creating comics is a safe avenue for the release of emotions for clients.

In other research, Tanaka and Sasaki (2021) explored the use of comic panels as visual prompts for participants to generate a story. The procedure was compared to the Thematic Apperception Test (TAT) which presents a single image to an individual who then is asked to create a story. The Four-Panel Comic method used by Tanaka and Sasaki tasked individuals with generating a story connecting two comic panels identified as the first and fourth panels. The study's purpose was to explore how narratives differ from person to person when tasked to connect multiple events. Compared to the TAT which tasks an individual to create a narrative for a single image, the Four-Panel Comic allowed for richer storytelling. The stories generated were

very diverse and specific to each individual. The act of creating a narrative or story about the world is the sum of an individual's personal stories.

Current research supports the effectiveness of both narrative therapy and art therapy as a means of improving affect. Both modalities facilitate the process of externalization through storytelling and exposure to past experiences. The purpose of the current study was to contribute to the understanding of how sequential art may be utilized in art therapy, as there is very limited research on its current applications.

For this present study, the effectiveness of sequential art combined with a narrative as a means of improving affect was examined. It was hypothesized that participants who engaged in sequential art making and assigned a narrative to their work would experience a greater increase in positive affect or mood as well as a greater decrease in negative affect when compared to participants who created a single image with a narrative.

Method

Participants

A total of thirty-one ($N = 31$) adults (19 female, 12 male; ages 19-62 [$M = 29$]) participated in this study. Conditions were divided close to even ($n = 16$ in single image condition; $n = 15$ sequential art condition). Participants were of somewhat diverse races/ethnicities (58.1% Caucasian; 19.4% Latino; 16.1% Hispanic; 3.2% Asian/Pacific Islander; 3.2% Native American or American Indian). Flyers (Appendix A) were posted on a college campus located in New England as well as distributed digitally to recruit the aforementioned participants. Online platforms such as Discord, Instagram, Slack, and email were also used for recruitment. All sessions were held online with the HIPAA-compliant video service using Zoom™.

Materials

A digital file containing the art and narrative templates was provided to participants. Two different files were generated. Group 1, single image with narrative, received a file of an image of one (1) 3 inches x 3 inches (7.62 cm x 7.62 cm) square centered on the upper half of the page in a landscape orientation. Beneath the square were seven (7) lines for writing (sample in Appendix B). The file for Group 2, multiple images and narrative, consisted of an image of three (3) 3 inches x 3 inches (7.62 cm x 7.62 cm) squares in the upper half of the paper in landscape orientation with seven (7) lines for writing underneath (Appendix C). These images were printed onto 8.5 inches x 11 inches (21.59 cm x 27.94 cm) copy paper.

Each image was provided in two formats: Joint Photographic Experts Group (JPEG) and a Portable Document Format (PDF). Participants were responsible for printing out the image to draw on a physical surface. The file also included a word document unique to each condition with instructions on how to complete the handout provided (Appendix D & E). A link to Google Forms was also provided to participants for uploading their completed images. Participants used 2D materials of their choice.

Measures

Positive and Negative Affect Schedule (PANAS)

A digital version of the Positive and Negative Affect Schedule (PANAS; Watson & Clark, 1988) was distributed to the participants. The PANAS consists of 20 items, rated on a Likert-type scale from 1 to 5, and it measures an individuals' mood. The scale required participants to identify if they had felt the listed feelings very slightly or not at all, a little, moderately, quite a bit, or extremely. The scale is flexible in establishing a specific time frame for participants to report on their mood ranging from in the moment to a year. For the purpose of

this study, participants were given the instruction of answering based on how they felt in the moment for both pre- and post-test.

The PANAS measure has been found to be reliable and valid (Crawford & Henry, 2004). Its reliability as measured by Cronbach's α was between .89 for PA and .85 for NA (Crawford & Henry, 2004), and the PANAS was determined to have good construct validity using confirmatory factor analysis (CFA) (Crawford & Henry, 2004).

Self-Assessment Manikin (SAM)

The Self-Assessment Manikin (SAM; Bradley & Lang, 1994) is a visual self-report measure with three scales. The first scale measures pleasure, the feeling of happiness versus unhappiness (valence). Second was arousal, the state of being excited or calm. The final scale is dominance, not feeling in control versus being in full control. Each scale was rated on a nine-point scale, as participants can mark half-points between each of the five main images. For the purpose of this study, participants were asked to fill out the SAM based on their in-the-moment feelings prior to their session and again at the end of the session.

The SAM measure has been found to be reliable with a Cronbach's α of .86 for arousal and .97 for valence (Bucks et al., 2005). The construct validity of the SAM was evaluated by correlating it with the Semantic Differential Scale (SDS), which resulted in correlations of .94 for valence and arousal and .66 for dominance (Bynion & Feldner, 2017).

Procedure

This study was conducted via a virtual format using a combination of email, Google Drive, Zoom™, and Google Forms for digital materials distribution and collection. Each platform is HIPAA compliant ensuring participant confidentiality. Participants were divided into two groups at random beforehand. They were required to sign an informed consent form

(Appendix F), an Image Release Form (Appendix G), and completed a demographics questionnaire (Appendix H) prior to participation. The informed consent, the demographic questionnaire and pre-tests were embedded in a participation packet. This packet was distributed to participants online using Google Forms through email. Once consent was received, participants received a digital file containing the materials and instructions needed to complete the study. Files were specific to each condition. Group 1 received the single image worksheet while Group 2 received the sequential images worksheet. Participants were asked to fill out a preliminary PANAS scale and SAM, reporting how they felt in the moment prior to creating their first image.

Both groups completed the study in a single session at separate times. Meeting times were staggered for each group: Group 1 completed the study in the morning while Group 2 completed the study during the afternoon. Group 1 was tasked to create a single image and apply a narrative. Group 2 was given instructions to create a series of three images and then create a narrative (sequential art making). Both groups were given the prompt, “Fill in the box(es) however you like with the materials you have available.” A written hand-out was also included in the resource file emailed to both groups to remind them of how to complete the sheet provided. During the study, participants joined a Zoom™ call with their video and microphone muted. The researcher had their video and audio active to conduct the study and was seen by participants. Participants were directed to use Zoom™’s text chat feature to ask clarifying questions. Twenty (20) minutes were given to create the artwork. Once the images were completed, participants were given five (5) minutes to create a story for their images. Both the images and the narratives were submitted digitally to the researcher using Google Drive. Participants were asked to complete a PANAS and SAM post-test and were provided with a

debriefing form (Appendix I) at the end of the study. Once post-test were completed, the researcher provided and explained the debriefing documents.

Results

The PANAS was administered as a pre- and post-test to measure participant mood in the moment. Two scores were calculated for each testing time, a positive score and a negative score. Each score consisted of 10 items each with total scores ranging from 100 to 500. Pre- and posttest SAM were also administered with scores collected for each of the three scales: pleasure, arousal, and dominance. Total scores for each scale range from 1 to 9. For descriptive statistics related to these measures by group and time, please see Table 1.

A 2 x 2 mixed Analysis of Variance with the within subject variable of time (pre vs. post) and between subject variable of group (single vs. sequential) was run on the total scores for both the PANAS positive and negative scores as well as the SAM total scores.

For the PANAS Positive scores, there was not a significant main effect of time, as there was a 20.6 point mean increase from pre- to posttest that did not reach conventional significance, $F(1, 29) = 2.96, p > .05$. Even though the mean raw score difference between groups was 48.2, that main effect was not statistically significant, $F(1, 29) = 2.47, p > .05$. For the key effect, the interaction between group and time, while there was a 22.2 point larger increase from pre- to posttest for the single group, it was not significant, $F(1, 29) = .89, p > .05$.

A 25.5 point mean decrease was shown in the PANAS Negative scores from pre- to posttest, and this was statistically significant, $F(1, 29) = 6.89, p < .05$. The mean raw score difference between groups was 23.4, and this main effect was not statistically significant, $F(1, 29) = 3.15, p > .05$. For the interaction between group and time, there was a 3.7 point larger

increase from pre- to posttest for the sequential group, but this was not significant, $F(1, 29) = .03, p < .05$.

Turning to the ANOVA related to SAM scores, there was a .72 point mean decrease in SAM Pleasure score from pre- to posttest, which was significant, $F(1, 29) = 5.84, p < .05$. The mean raw score difference between groups was .30, which was not significant, $F(1, 29) = 0.25, p > .05$. For the key effect, the group by time interaction, the sequential group's score did decrease by .44 points more than the single group, but this difference was not significant, $F(1, 29) = 0.53, p > .05$.

The second SAM ANOVA indicated that the mean increase in Arousal score of .82 from pre- to posttest was significant, $F(1, 29) = 4.95, p < .05$. The mean raw score difference between groups was .96, resulting in a non-significant main effect, $F(1, 29) = 2.59, p > .05$. Once again, there was not an interaction between group and time, even though there was a .99 point larger increase from pre- to posttest for the single group, $F(1, 29) = 1.75, p > .05$.

For the final SAM ANOVA, a .46 point mean increase from pre- to posttest in the Dominance score was not significant, $F(1, 29) = 1.44, p > .05$. The main effect of group was not statistically significant either, as there was a mean raw score difference between groups of only .12, $F(1, 29) = 0.04, p > .05$. For the key effect, the interaction between group and time, there was a .04 point larger increase from pre- to posttest for the sequential group, which was not significant, $F(1, 29) = 0.001, p > .05$.

Discussion

This study explored whether participants who engaged in sequential art making and assigned a narrative to their work would experience a greater increase in positive affect or mood as well as a greater decrease in negative affect as compared to participants who engaged in a

single session of art making, with a single narrative to go with the art. While there was not a significant difference in scores between the conditions, there was a statistically significant change between time for three scales. The PANAS negative scale as well as the SAM Pleasure and Arousal scales saw significant changes when scores for both groups were combined. These changes were the opposite of what was expected. There was a drop in overall pleasure with an increase in arousal and negative mood. When looking at the changes between groups only, there was an increase in PANAS positive scores and a decrease in PANAS negative scores. This could be due to the creation processes of drawing and storytelling having a venting effect (Dalebroux et al., 2008) regardless of how many images were made for this group of participants. None of the interactive effects tested supported the main hypothesis.

Connections between images and stories varied among the work created suggesting a number of reasons as to why these changes occurred. One possible reason is the need for perfectionism either in the art or in the narrative, and some of the participants' becoming dissatisfied with their overall completed works. This could be reflected in the SAM Pleasure scores as having a visual marker of internal feelings that could potentially allow for more accurate reporting of current mood. Participants may have also experienced a form of testing anxiety knowing they had a time limit to create their images as well as a story that tied them together. Another possibility is that the process of creating the artwork and subsequent stories caused certain participants to recall a discomforting memory as shown in the increase of PANAS negative scores.

It is possible that the measures and activity were able to catch processes of grief or personal conflict. For instance, one participant in the sequential art group displayed a drop in positive scores and an increase in negative scores. Reviewing their artwork revealed the activity

caused them to recall the potential loss of significant relationships. The images depict (Figure 1) the Marvel™ character Baby Groot dancing in a flower pot, a close up of a yellow flower, and finally a white round dandelion with bird wings outstretched from the seeds. Despite the change in PANAS scores, their SAM Pleasure score had risen by two points from pre- to post. The narrative touched on how “Life is short” and specified how any moment or person should not be taken for granted as “it all can be a memory.” Creating the images and narrative may have provided this individual with the opportunity to reflect on the possible loss of a close relationship. The opportunity to revisit that relationship in a safe and contained environment could have increased the individual’s feelings of happiness which were recognized in the SAM.

Other examples from the sequential art group that experienced drops in their post-PANAS positive scores shared similar themes of hardship. Unlike the first example, however, each presented more intense imagery and narratives of negative mood. Figure 2 displays images of intense natural phenomena which occupied all three panels. These included sharp pointed waves of water in front of green pillowy hills under a sunlit sky, tall bright orange and red flames against a black background, and sharp repeating mountain peaks underneath swirling winds. “The peaks of water, fire and earth came in many forms,” was described in the narrative. Each element shared similarly pointed repeating shapes as four waves, four pointed flames, and seven mountain peaks. All three elements were poignantly described for both their positive and negative attributes across three sentences without any further elaboration.

Similar to this, Figure 3 portrays a figure in intense physical and emotional distress. Each panel depicts the figure in a different dangerous situation including struggling to keep from drowning, pulling at their own eye sockets, and pulling the skin on their back open exposing their spine. This particular artwork also included only a short title for each image instead of a full

narrative. The words “drowning,” “repent,” and “purge” were used with short phrases attached to each. As this individual may have been experiencing intense emotions while creating the artwork, they may not have been willing or able to create a full narrative. However, their discomfort may have been too great to dwell on their negative mood state at that moment.

A small number of participants in the single image group also saw a drop in their PANAS positive scores. One image (Figure 4) was abstract in imagery consisting of repetitive marks that create concentric squares of six bright alternating colors moving inwards. The loops appeared to be applied with markers using light pressure. Out of the single images with the greatest drop in scores, this is the only one to have a written indication of pessimism as the narrative described the image as “a portal to one’s doom.” The other artworks in this condition suggest more positiveness when compared to the sequential group despite reported drops in PANAS positive scores. For instance, Figure 5 depicts an image of a human figure labeled as “Mother Nature” who is “always in bloom.” The narrative describes Mother Nature as “a comforting colorful forest sprite who lives in summer.” In this narrative, summer is not a season but a “state of being.” Another important example of this is Figure 6 which includes a small home with a single sentence describing it as “A beautiful home with a peaceful setting and a welcoming entryway.” The peaceful setting includes a tree with a swing attached and colorful flowers in a grassy yard. No further elaboration was given. It is possible that while these images and narratives presented reflected positive affect, their creation may have caused the participants to feel unhappy with their current situation. The artwork could have been a reflection of what is desired and not what currently exists.

Images which were each able to generate cohesive stories for their images in both groups displayed an increase in PANAS positive scores along with a drop in negative scores . Two out

of the three images with the largest increases of positive scores in the sequential art group generated chronological artwork independently. Both included themes of nature and growth, a tree experiencing the cycles of the seasons (Figure 7) and a rose blooming from a seed (Figure 8). The tree feels lonely as a flock of birds leave its bare branches until it blooms again. The birds return in the spring, and the tree happily provides the birds with food in hopes that they remain. The rose began its life as a seed but grew due to its need for light and warmth. The seed was aware that it must grow roots in order to keep “her nourished and unwavering” as it continues to follow the warmth of the sun. It should be noted that within this story, the narrative changed from addressing the rose as an object to addressing it as a person. This is reflected in the vocabulary used. The seed is first introduced as “it” but as it blooms, the emerging plant is referred to as “she.” It is possible this change was due to the participant identifying the blooming rose as a reflection of self. A third artwork included three unrelated images based on the artist’s interests (Figure 9), however, a cohesive story was still created in which the character drawn in the first square interacts with the objects in the subsequent squares. A participant’s ability to weave their images into a sequential narrative to strengthen their imagery may be related to their current mood state.

Artwork within the single image condition which had an increase of PANAS positive scores had no related themes but each was able to create a narrative related to the image drawn. Each narrative expanded on what was displayed in the images; a musician playing music for those around them (Figure 10), a plant in bloom (Figure 11), and a recreation of a cartoon character’s face who was upset they were “stuck without any arms or legs” (Figure 12). This final participant used their cartoon character’s narrative of displeasure to supplant their own frustrations at the size of the drawing space. All high scoring artworks had a cohesive narrative

that supplemented the images drawn and that also developed an overarching story. All elements within the drawn images were connected within each narrative. This could possibly reflect the participant's ability to fully integrate the information which was presented.

In both groups, each narrative was written in a way that expanded on the story that was present in each image or series of images. For the sequential group, the narratives tied the images together reinforcing a passage of time. Participants who were able to generate a connecting narrative for artwork that had three seemingly unrelated images displayed an ability to think creatively and problem solve. The single image group expanded on the history of the persons or objects but lacked the same sense of chronology as their sequential counterparts. It is possible that successfully connecting the images to each other in an applied narrative led to improvements of mood. Some participants used the opportunity to alter or reframe their images as reflections of themselves such as the rose in bloom. The simple act of creating an image or just making a story may have been enough to improve the mood of the participants in this study. It is also possible that participating in this study and creating art caused participants to become more excited or anxious which was reflected in the SAM Arousal scale.

Limitations of this study include having a small sample size ($N = 31$), the vagueness of the verbal prompts given, the restriction of interaction with participants, and the time of day the groups completed the study. It is possible that directions given to complete the art making and writing portions were too vague and open ended. Providing more direct instruction as to what to create could have led to larger changes in positive scores in a similar manner as the study conducted by Dalebroux et al. (2008). The prompt of "Fill in the boxes however you like" may have generated anxiety and uncertainty for participants who were not confident in their art making capabilities. The size of the square could have left some participants feeling too

restricted. Combined with the limited amount of time they had to complete each task, this could have induced a form of testing anxiety. How the worksheet was designed could have also contributed to increased anxiety due to negative associations with academic testing. Increasing the size of the drawing area could influence changes in mood when asked to fill in the blank space. In regards to interactiveness, the restrictions placed on participants to not be able to see or interact with one another could have negatively impacted their responses to the prompt given. Being able to see and react to others could potentially help some participants feel more comfortable. Each limitation could have contributed to the unexpected changes in the SAM scores. Every factor presented has potential for being researched further.

In particular, further research will need to be conducted on the use of sequential art with narrative. Providing participants with a prompt to focus on a specific experience or emotion could warrant greater differences in pre- to posttest scores. Removing the anxiety of not knowing what to draw when given an open prompt could help participants to hone in on what they want to process. Changing the shapes of the panels that a participant would draw their image into could potentially yield interesting results as well. The boundaries of the shape could influence the overall content. Allowing participants to draw outside of these boundaries should be considered as well. Expanding the use of materials to digital platforms would open up testing to a larger population. Digital drawing programs could allow for more freedom as they allow users to zoom in or out, erase, and manipulate the images created more easily than traditional media. Holding testing in person and providing materials to be used might also benefit this type of research. Interactions between group members may lead to participants' approaching their work differently from what they may typically be comfortable with. Meeting in a one-on-one setting can also be tested. Finally, exploring the implications for identifying grief or conflict can also be

studied. This could focus on the externalization, processing, and reintegration of any negative thoughts or feelings (Carlson, 1997; Hass-Cohen et al., 2018; White & Epston, 1990).

In summation, the use of sequential art within art therapy will need additional research to evaluate its impact on mood. While this study did not support the idea that sequential art with a narrative could be used to improve one's affect more so than creating a single image with a narrative, it did produce some interesting results. Using both art and writing to create a story can potentially be calming or exciting depending on what is being externalized. Sequential art does have great potential to improve an individual's quality of care through narrative art therapy (Harber, 2011; Hass-Cohen et al., 2018; Malchiodi, 2012). All ages can benefit from having their stories told by combining writing and art.

References

- American Art Therapy Association. (2021). *About the American Art Therapy Association*.
<https://arttherapy.org/about/>
- American Psychological Association. (2022). *Narrative Exposure Therapy (NET)*
<https://www.apa.org/ptsd-guideline/treatments/narrative-exposure-therapy>
- Alexander, A. (2020). The Artopia program: An examination of art therapy's effect on veterans' moods. *Art Therapy*, 37(3), 155–161. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2020.1721400>
- Bradley, M., & Lang, P. (1994). Measuring emotion: The self-assessment manikin and the semantic differential. *Journal of Behavioral Therapy and Experimental Psychiatry*, 25(1), 49-59.
- Bynion, T., & Feldner, M. (2017). Self-Assessment Manikin. *Encyclopedia of Personality and Individual Differences*, 1-3. https://doi.org/10.1007/978-3-319-28099-8_77-1
- Campenni, C., & Hartman, A. (2020). The effects of completing mandalas on mood, anxiety, and state mindfulness. *Art Therapy*, 37(1), 25–33. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2019.1669980>
- Carlson, T. D. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *American Journal of Family Therapy*, 25(3), 271–283. <https://doi-org.albertus.idm.oclc.org/10.1080/01926189708251072>
- Castle, R. (2010). *The use of sequential art in therapy*. Master's Thesis, Nazareth College.
https://www.academia.edu/235504/The_Use_of_Sequential_Art_in_Therapy

- Clandinin, J., Cave, M., & Cave, A. (2011). Narrative reflective practice in medical education for residents: Composing shifting identities. *Advances in Medical Education and Practice*, 2, 1. <https://doi.org/10.2147/AMEP.S13241>
- Cooper, D., Wieling, E., & Pfeiffer, A. (2019). Bioecological implications of narrative exposure therapy in low-resource settings: Individual, family, community, and socio-political contexts. *Australian and New Zealand Journal of Family Therapy*, 40(4), 353–367. <https://doi-org.albertus.idm.oclc.org/10.1002/anzf.1392>
- Cozolino, L. (2017). *The neuroscience of psychotherapy: Healing the social brain*. W.W. Norton & Company.
- Crawford, J., & Henry, J. (2004). The Positive and Negative Affect Schedule (PANAS): Construct validity, measurement properties and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 43(3), 245–265. <https://doi-org.albertus.idm.oclc.org/10.1348/0144665031752934>
- Dalebroux, A., Goldstein, T., & Winner, E. (2008). Short-term mood repair through art-making: Positive emotion is more effective than venting. *Motivation and Emotion*, 32(4), 288–295. <https://doi-org.albertus.idm.oclc.org/10.1007/s11031-008-9105-1>
- De Petrillo, L., & Winner, E. (2005). Does art improve mood? A test of a key assumption underlying art therapy. *Art Therapy*, 22(4), 205–212. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2005.10129521>
- Elbert, T., Schauer, M., & Neuner, F. (2015). Narrative exposure therapy (NET): Reorganizing memories of traumatic stress, fear, and violence. In U. Schnyder & M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders: A practical guide*

- for clinicians* (pp. 229–253). Springer International Publishing AG.
https://doi.org/10.1007/978-3-319-07109-1_12
- Haag, J. (2018). Recontextualizing the draw a story assessment: Expanding the expressive function in art therapy. *Art Therapy*, 35(3), 118–130. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2018.1524101>
- Harber, K. (2011). Creating a framework: Art therapy elicits the narrative. *Art Therapy*, 28(1), 19–25. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2011.557766>
- Hass-Cohen, N., Bokoch, R., Findlay, J., & Witting, A. (2018). A four-drawing art therapy trauma and resiliency protocol study. *The Arts in Psychotherapy*, 61, 44–56. <https://doi-org.albertus.idm.oclc.org/10.1016/j.aip.2018.02.003>
- Jue, J., & Ha, J. (2021). Using the draw-a-story drawing test to predict perceived stress, military life adjustment, and resilience. *Sustainability* 2021, 13(13), 7383; <https://doi.org/10.3390/su13137383>
- Kaltenbach, E., Hermenau, K., Schauer, M., Dohrmann, K., Elbert, T., & Schalinski, I. (2020). Trajectories of posttraumatic stress symptoms during and after Narrative Exposure Therapy (NET) in refugees. *BMC Psychiatry*, 20, 312. <https://doi-org.albertus.idm.oclc.org/10.1186/s12888-020-02720-y>
- Kelly, B. (2010). Sequential art, graphic novels, and comics. *SANE Journal: Sequential Art Narrative in Education*, 1(1). Retrieved September 25, 2021, from <https://digitalcommons.unl.edu/sane/vol1/iss1/10/>.
- Kumar, R. (2011). Using visual arts as a proxy for language: Addressing the marginalization of linguistic minority parents. *Equity & Excellence in Education*, 44(4), 453–467. <https://doi-org.albertus.idm.oclc.org/10.1080/10665684.2011.608599>

- Landa, I., Bono, T. J., & English, T. (2020). Mood regulation and relationship quality predict change in homesickness during college. *British Journal of Psychology*, 111(1), 55–69. <https://doi-org.albertus.idm.oclc.org/10.1111/bjop.12386>
- Malchiodi, C. (2012). *The art therapy handbook* (2nd ed). New York: Guilford Press.
- Maru, M. (2006). *The use of Silver's draw-a-story assessment tool diagnosing depression in children and adolescents*. Albertus Magnus College.
- McCloud, S. (1993). *Understanding comics: The invisible art*. HarperCollins Publishers, Inc.
- McCreight, D. (2018). *Creating comics with clients*. Counseling Today. Retrieved October 3, 2021, from <https://ct.counseling.org/2018/02/creating-comics-clients/#>.
- Mehrabian, A. (1996). Pleasure-arousal-dominance: A general framework for describing and measuring individual differences in temperament. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 14(4), 261–292. <https://doi-org.albertus.idm.oclc.org/10.1007/BF02686918>
- Mulholland, M. J. (2004). Comics as art therapy. *Art Therapy*, 21(1), 42–43. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2004.10129317>
- Murdoch, M., Partin, M., Vang, D., & Kehle-Forbes, S. (2018). The psychological risk of minimal risk activities: A pre- and posttest study using the self-assessment manikin. *Journal of Empirical Research on Human Research Ethics*, 14(1), 15–22. <https://doi.org/10.1177/1556264618810302>
- Peltonen, K., & Kangaslampi, S. (2019). Treating children and adolescents with multiple traumas: A randomized clinical trial of narrative exposure therapy. *European Journal of Psychotraumatology*, 10:1. <https://doi-org.albertus.idm.oclc.org/10.1080/20008198.2018.1558708>

- Piróg, D., & Rachwał, T. (2019). Comics as a tool for a narrative approach in early career counseling: Theory versus empirical evidence. *British Journal of Guidance & Counseling*, 47(4), 498–511. <https://doi-org.albertus.idm.oclc.org/10.1080/03069885.2018.1538494>
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My story: The use of narrative therapy in individual and group counseling. *Journal of Creativity in Mental Health*, 9(1), 99-110. <https://doi.org/10.1080/15401383.2013.870947>
- Robertson, S., & Hopko, D. (2013). Emotional expression during autobiographical narratives as a function of aging: Support for the socioemotional selectivity theory. *Journal of Adult Development*, 20(2), 76–86. <https://doi-org.albertus.idm.oclc.org/10.1007/s10804-013-9158-6>
- Robertson, S., & Swickert, R. (2018). The stories we tell: How age, gender, and forgiveness affect the emotional content of autobiographical narratives. *Aging & Mental Health*, 22(4), 535–543. <https://doi-org.albertus.idm.oclc.org/10.1080/13607863.2016.1269149>
- Silver, R. (2009). Identifying children and adolescents with depression: Review of the stimulus drawing task and draw a story research. *Art Therapy*, 26(4), 174–180. <https://doi-org.albertus.idm.oclc.org/10.1080/07421656.2009.10129619>
- Tanaka, Y., & Sasaki, R. (2021). Individuality of narratives generated by individuals: An investigation using four-panel comics. *Japanese Psychological Research*, 63, 265-276. <https://doi-org.albertus.idm.oclc.org/10.1111/jpr.12374>
- Watson, D., Clark, L., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social*

Psychology, 54(6), 1063–1070. <https://doi-org.albertus.idm.oclc.org/10.1037/0022-3514.54.6.1063>

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton & Company.

Table 1*Mean Pre-Post PANAS Scores by Art Making Groups*

Measure/Group	Pretest Score	Pretest Standard Error	Posttest Score	Posttest Standard Error	Pre/Post Change
PANAS Positive					
Single	253.1	23.20	285.0	22.63	31.9
Sequential	312.7	23.97	322.0	23.37	9.3
PANAS Negative					
Single	147.5	11.18	123.8	11.59	23.8
Sequential	172.3	11.55	145.3	11.97	27.3

Table 2*Pre- Post SAM Scores by Art Making Groups*

Measure/Group	Pretest Score	Pretest Standard Error	Posttest Score	Posttest Standard Error	Pre/Post Change
SAM Pleasure					
Single	3.56	0.46	3.06	0.43	0.50
Sequential	4.07	0.48	3.13	0.45	0.94
SAM Arousal					
Single	5.31	0.49	6.63	0.47	1.31
Sequential	4.87	0.51	5.20	0.49	0.33
SAM Dominance					
Single	5.88	0.52	6.31	0.49	0.44
Sequential	5.73	0.54	6.20	0.51	0.47

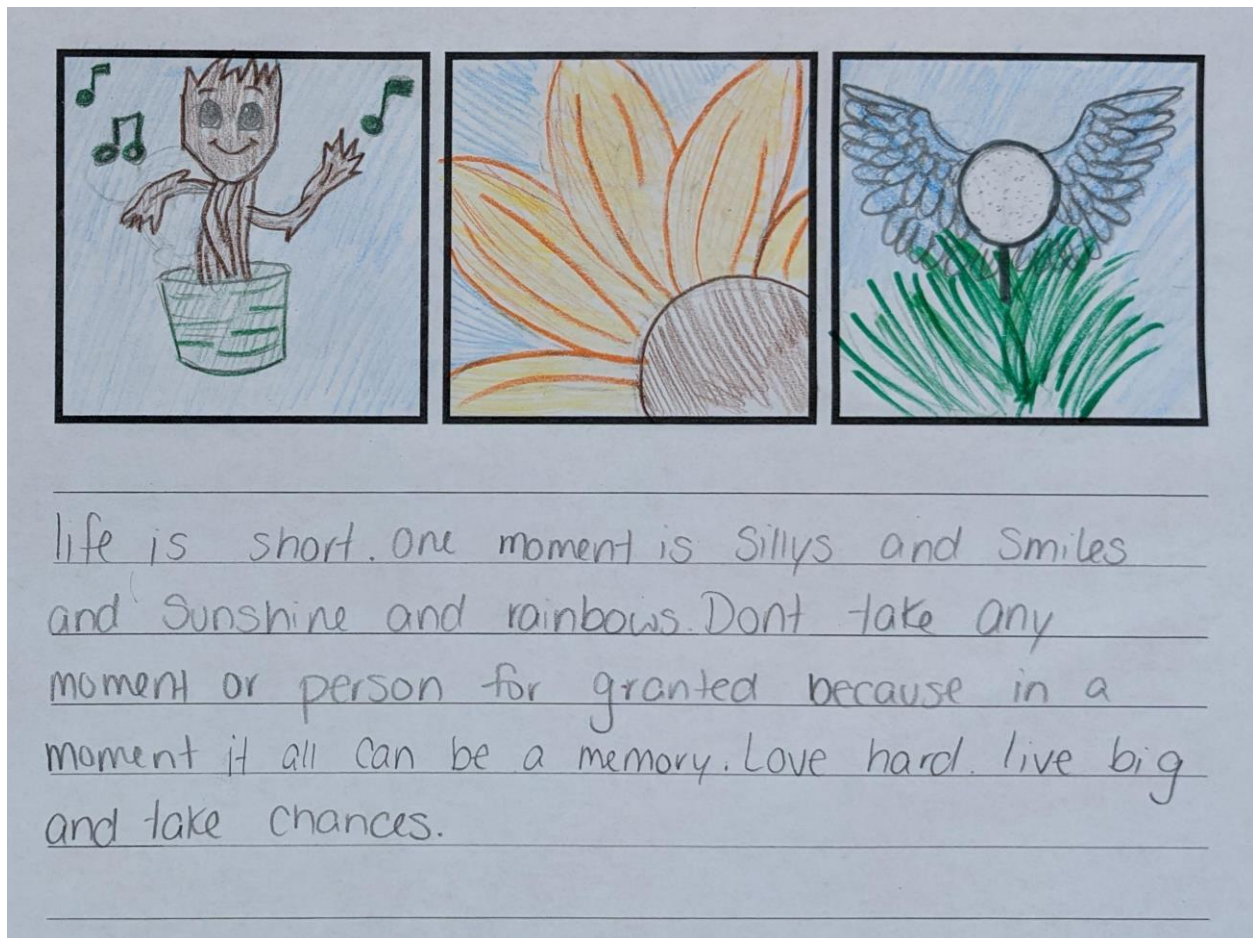
Figure 1*Life is Short*

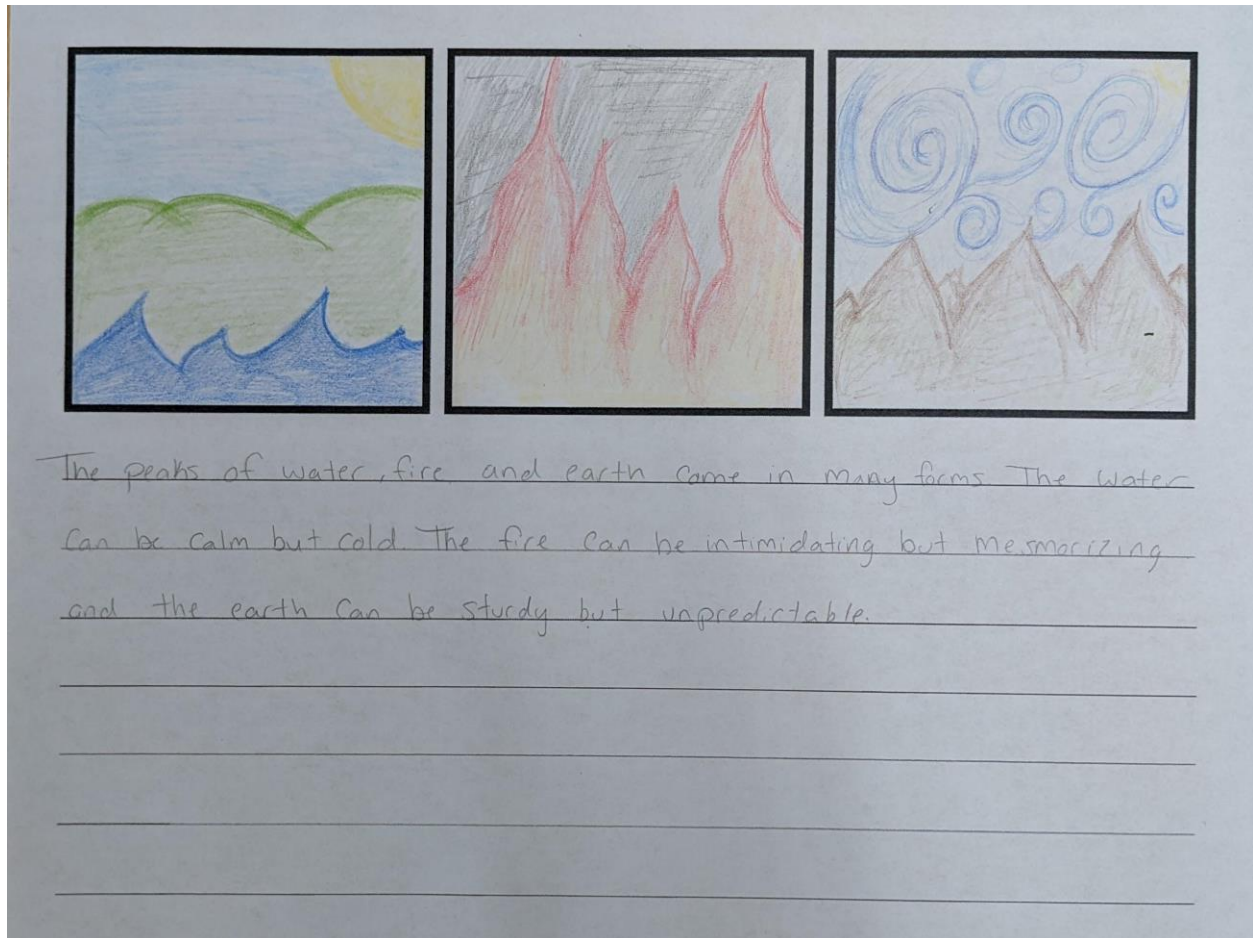
Figure 2*Peaks*

Figure 3

Drowning, Repent, Purge

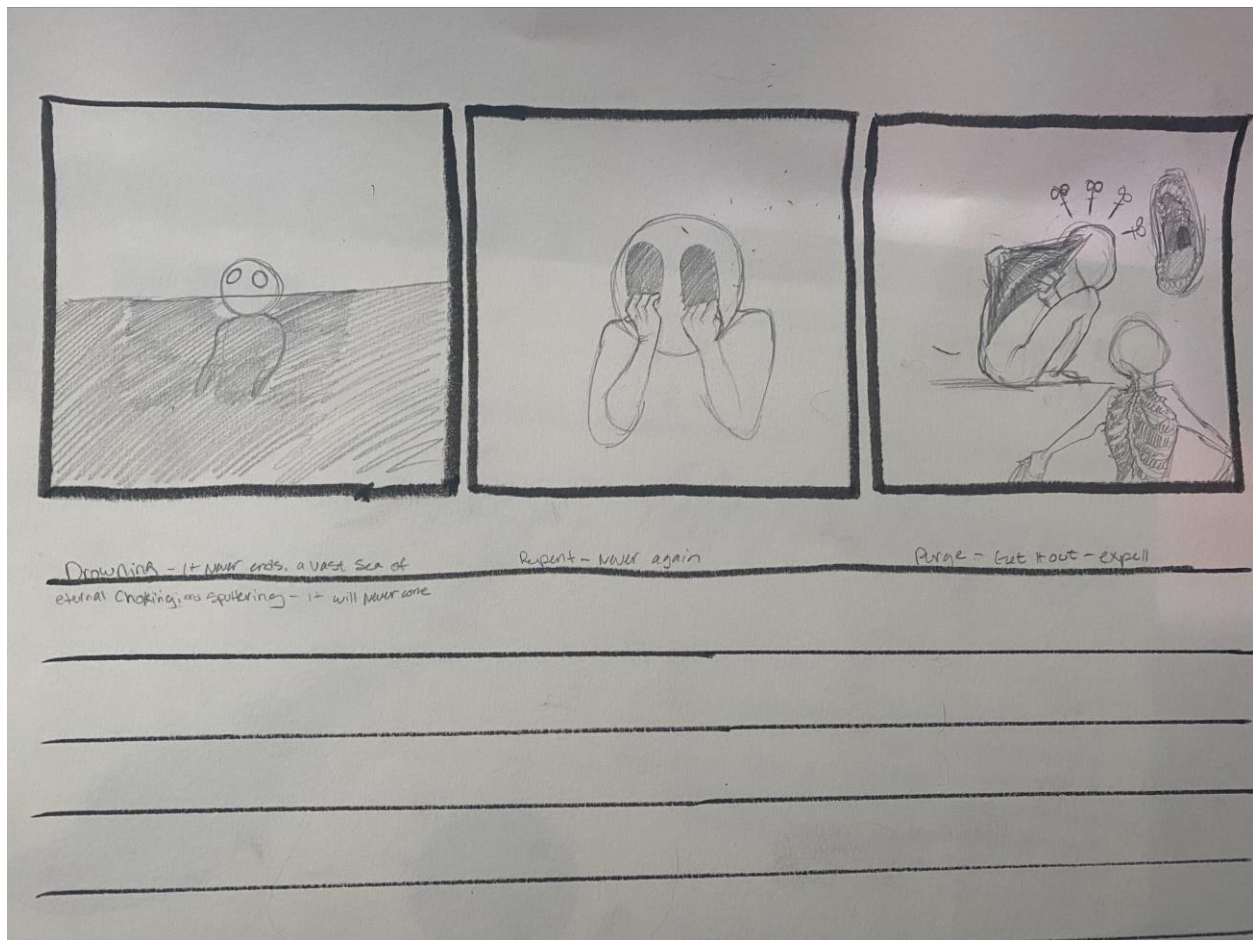


Figure 4*Portal*

A portal to another dimension. Where will it lead?

Some say to a colorful landscape while others? They believe to your doom.

Figure 5*Mother Nature*

This is Mother Nature. She is surrounded by vines and her hair is her clothing. She is a forest sprite who is colorful and always in bloom. It is always summer around her because she lives in summer. Summer is not a time nor a season nor a place, but a state of being. Thus, summer is wherever and whenever she is. She brings peace and comfort to all around her, as they bloom, too.

Figure 6*Beautiful Home*

A Beautiful home with a peaceful setting and
a welcome ~~entryway~~ entryway.

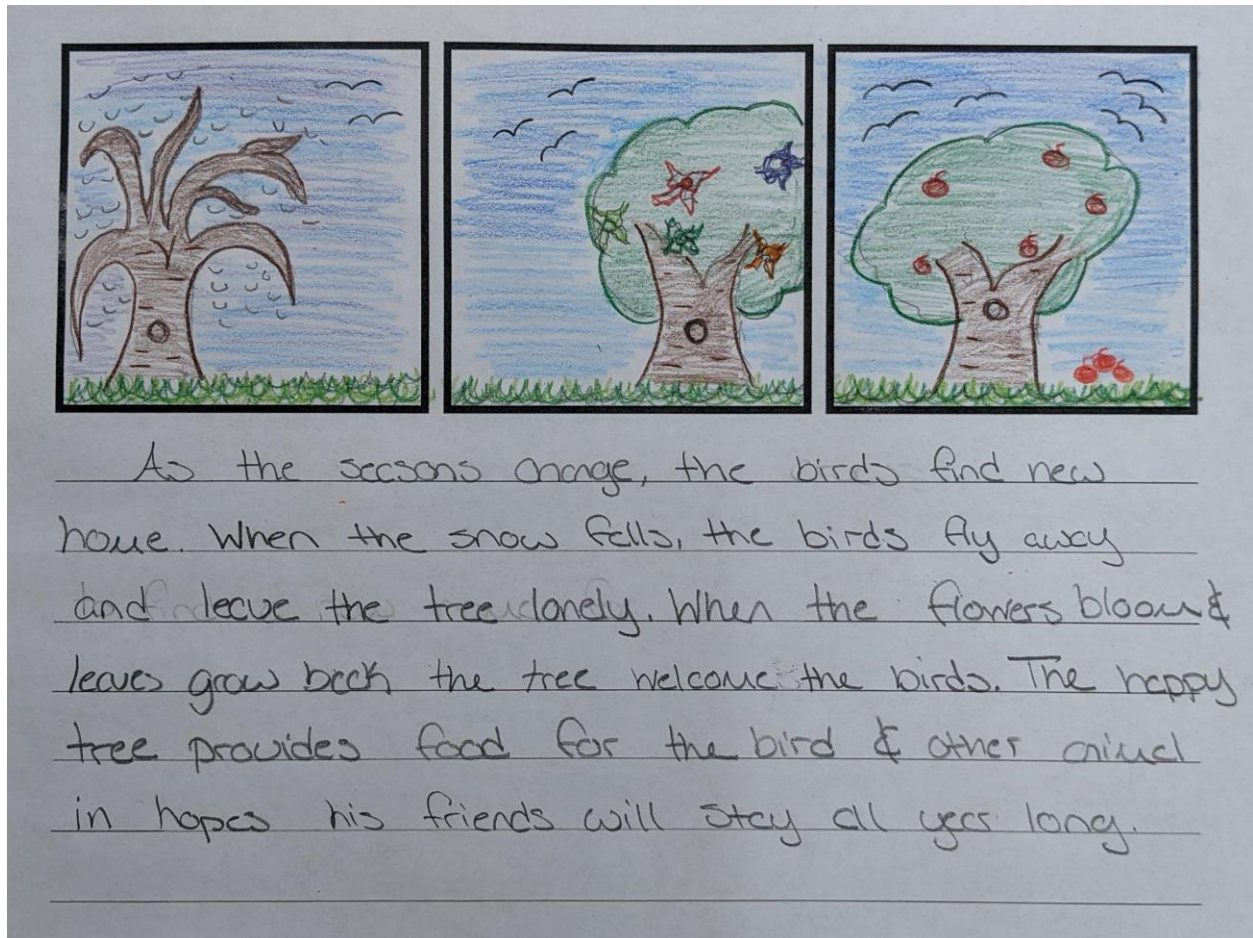
Figure 7*Lonely Tree*

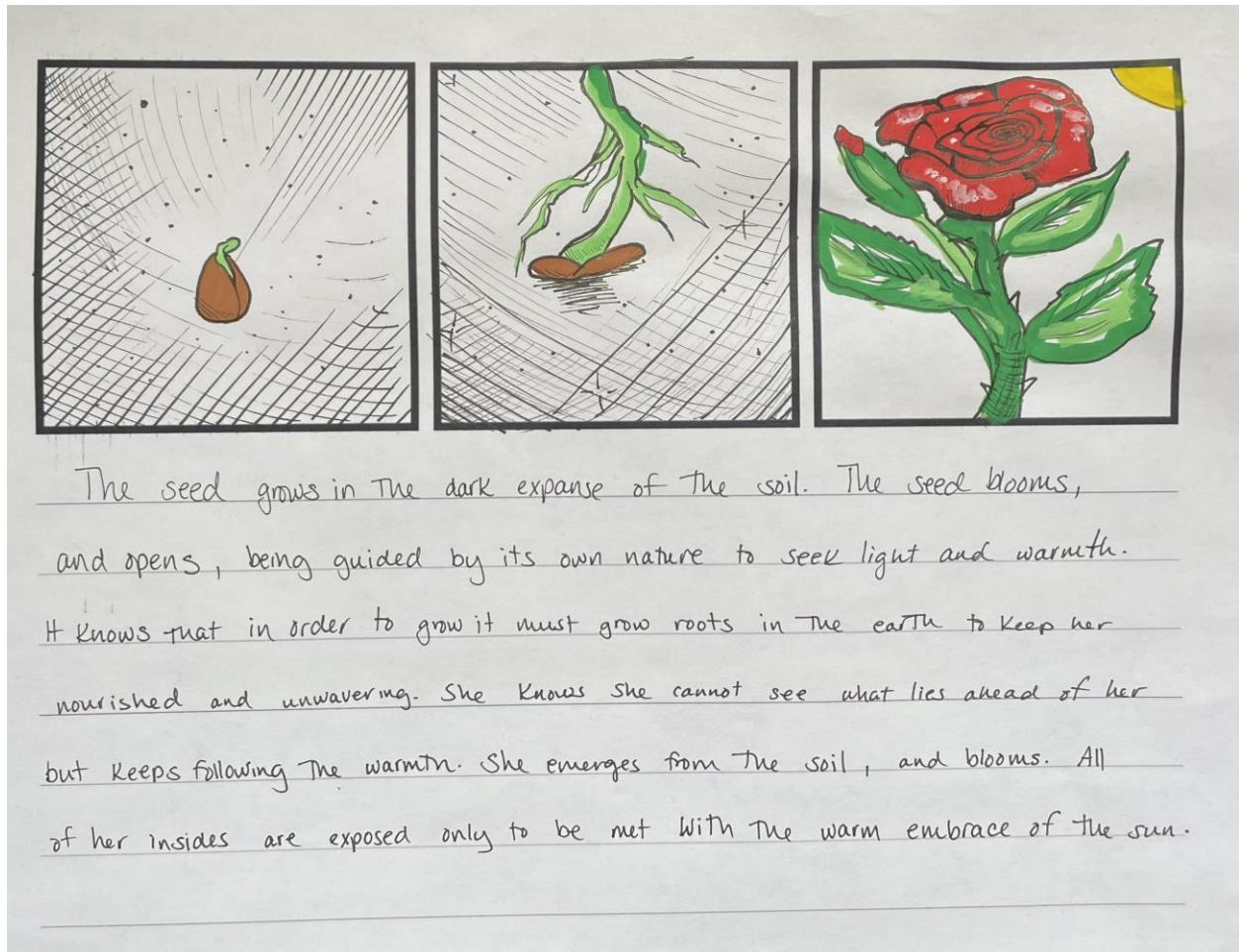
Figure 8*The Seed Grows*

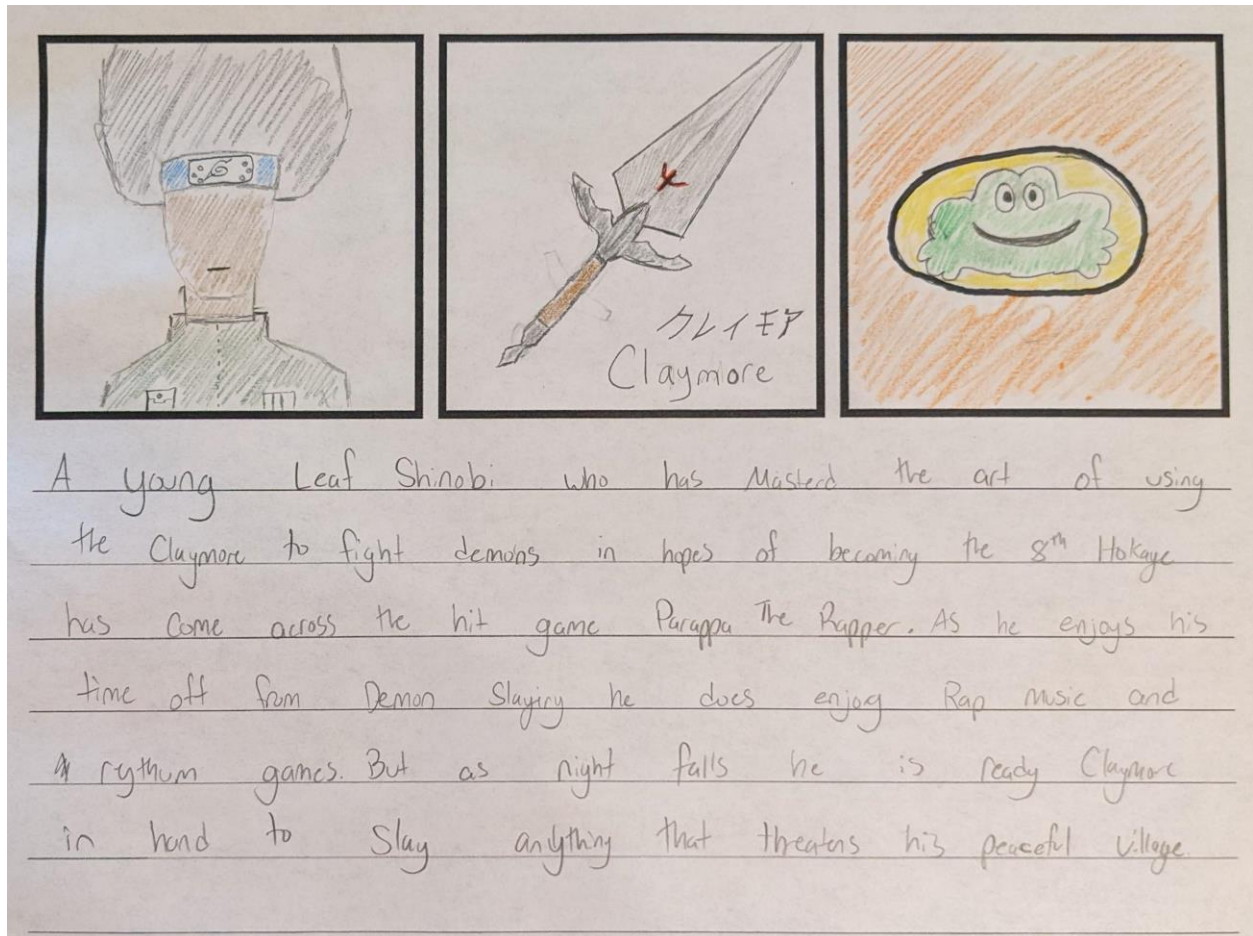
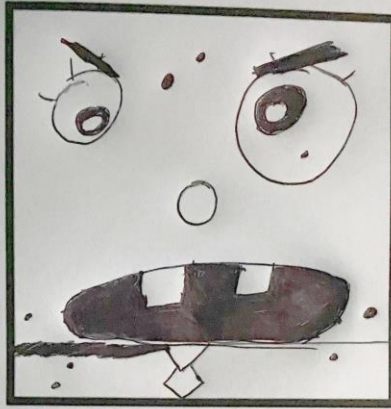
Figure 9*A Young Leaf Shinobi*

Figure 10*The Musician*

The musician seeks to make a melody that goes beyond the listener's ears and into their soul, making a deeper, more meaningful connection with the world around them.

Figure 11*Bloom*

Bloom, plant, bloom. She wanted to fold inward when things got hard, but she felt the power of the ground beneath her and the sun above her. She planted herself firmly and bloomed right there in that space. Sunlight on her face.

Figure 12*Scribble Robert*

A well known character who won't be named for copyright purposes decided to take up drawing. His first creation was one named "Scribble Robert". ~~After being confined with~~ Due to being drawn with a magical pen, that works underwater, Scribble Robert sprang to life. He was angry because he had no arms, due to his artist being confined to a small square. He yelled all day and night, in 20 minute bursts.

Appendix A

Recruitment Flyer



CALL FOR PARTICIPANTS

SEEKING ADULTS AGES 18 - 35
TO PARTICIPATE IN AN ART THERAPY STUDY!

PARTICIPANTS WILL BE ASKED TO COMPLETE
A SHORT SURVEY, ATTEND A 1HR ZOOM CALL,
AND CREATE ARTWORK!

NO ART SKILLS
NECESSARY

IF INTERESTED:

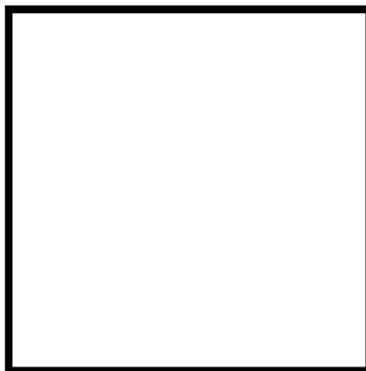
CONTACT ANDREW CASTILLO
ADCASTILLO@ALBERTUS.EDU
860.406.3054

* MUST HAVE ACCESS TO A PRINTER AND AN INTERNET CAPABLE DEVICE



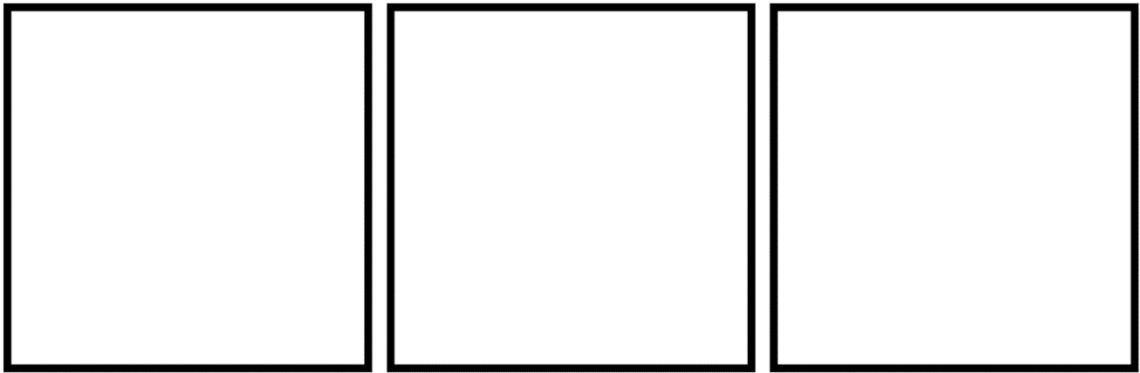
Appendix B

Art Panel and Narrative – Group 1



Appendix C

Art Panels and Narrative – Group 2



Eight horizontal lines for narrative text, aligned with the width of the art panels above.

Appendix D

Written Instructions - Group 1

For this exercise you will be tasked with creating an image inside of the box presented. You may fill in the box however you like. Once completed, write a short story about the image on the lines underneath the image box. When both the image and the story are finished, take a photo or scan the paper and email to the researcher at adcastillo@albertus.edu with Art Study in the subject line.

If you are having difficulty uploading a picture please contact the researcher through the email provided.

Appendix E

Written Instructions - Group 2

For this exercise you will be tasked to create an image inside of the boxes presented. You may fill in the boxes however you like. Once completed, write a short story about the images on the lines underneath the image box. When both the image and the story are finished, take a photo or scan the paper and email to the researcher at adcastillo@albertus.edu with Art Study in the subject line.

If you are having difficulty uploading a picture please contact the researcher through the email provided.

Appendix F

Informed Consent

This study is being conducted as part of the requirements needed for completion of the Master of Arts in Art Therapy and Counseling graduate program. The purpose of this current study is to explore the relationship between art and mood.

Participants will be asked to attend one virtual meeting introducing and discussing the art-making process. This meeting will be approximately 60 minutes (1 hour) in duration. A short survey will be completed at the beginning and end of the study asking about your mood. You must have access to a printer as this study can only be completed by printing out the materials provided.

Participation in this study is entirely voluntary and participants are able to withdraw at any point in time. While there is minimal risk to this study there is a possibility of participants experiencing unpleasant feelings and frustration. Benefits of this study may include enjoyment in art making, assisting in the further development of art therapy, learning new skills, and assisting a graduate student to complete his masters degree.

The researcher:

Andrew Castillo

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Art Therapy Advisor:

Rebecca Arnold, Ph.D., ATR-BC

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Psychology Advisor:

Loel Tronsky, Ph.D.

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Or:

Joshua Abreu, Ph.D., Chair of IRB

jabreu1@albertus.edu

By checking the box below and typing your name you acknowledge that you have read and understand the description of the study and are willing to participate.

- ☐ I understand the information presented and am willing to participate in this study

Enter Name Here:	
------------------	--

Appendix G

Image Release Form

I allow the researcher, **Andrew Castillo** to use, display, screen, and/or photograph my own artwork for the following purposes:

Allow	Do not allow	
<input type="checkbox"/>	<input type="checkbox"/>	Publication Use in articles / books / promotional material / etc.
<input type="checkbox"/>	<input type="checkbox"/>	Presentation Slide shows / informational conferences / social media / etc.
<input type="checkbox"/>	<input type="checkbox"/>	Educational Purposes Use in academic studies / student projects / training / etc.

If consent is provided, I understand my own confidentiality will be protected at all times with my identity remaining anonymous. Identifying details will be removed from any descriptions.

I understand that signing this form is not a requirement for this study and will not affect my ability to participate in any way.

- ☐ I agree to have my artwork shared for the reason marked above
- ☐ I do not agree to have my artwork shared

Enter Name Here:

Appendix H

Demographics Form

What is your age? _____

What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Other _____
- ☐ Prefer not to respond

Please specify the ethnicity you most identify with:

- ☐ African American
- ☐ Asian/ Pacific Islander
- ☐ Caucasian
- ☐ Hispanic or Latino
- ☐ Native American or American Indian
- ☐ Not listed
- ☐ Prefer not to respond

Have you created art before?

- ☐ Yes
- ☐ No

How often do you create any form of art?

- ☐ Frequently
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

Do you have access to a printer?*

- ☐ Yes

☐ No

A printer is required to participate in this study.

Appendix I

Debrief Form

Thank you for participating in this study! The purpose of this study was to test if participants who engaged in sequential art making and assigned a narrative to their work experienced a greater increase in positive affect or mood as compared to participants who create a single image with a narrative.

Research has suggested that both creating art and using a narrative to explore one's life experiences in art therapy may improve mood and emotion. Each questionnaire measured changes in mood. Participants were randomly divided into two groups. One group was asked to create a single image and apply a narrative to it. The second group was asked to create three images and then apply a narrative to all three as a whole. The idea was that creating a series of images and giving them a story would provide a greater opportunity for processing experiences, reflection, and integration. Having a visual representation of time passing would give better context to the subject depicted in the images when paired with a narrative.

If you would like to know the results of this study, please provide your email address to the researchers. Please note that results can only be provided in aggregate; individual outcomes cannot be offered.

Additional Resources:

CT Crisis Services	https://portal.ct.gov/CrisisServices	211 or 1-800.467.3135
Comics in Therapy	https://www.therapycomics.com/	https://www.therapycomics.com/other-resources
Mental Health Resources	https://www.mhanational.org/	https://www.thecalmzone.net/2019/10/international-mental-health-charities/?highlight=international